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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/553,665			ing Date 27/2006	To be Mailed
	Al	PPLICATION	ENTITY	OR		HER THAN ALL ENTITY						
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
\boxtimes	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	300
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	ΓAL CLAIMS CFR 1.16(i))		minus 20 =		*		l	x \$ =		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		*		1	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addi	If the specification and drav sheets of paper, the applica is \$250 (\$125 for small enti additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	300
	APP	OED – PA (Columi		SMAL	OR	OTHER THAN OR SMALL ENTITY						
AMENDMENT	09/23/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 15	Minus	** 20		= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 1	Minus	***3		= 0		X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL ADD'L FEE I egal Ir	nstrument F	OR camin	TOTAL ADD'L FEE er:	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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